

## **Employment Application**

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Personal Information		
First Name:		
Last Name:	Other Name(s) Used:	:
Phone Number:	Email:	
Street Address: C	ty:	State: Zip:
Do you have a driver's license? ☐ Yes ☐ I	0	
Driver's license number:	Driver's lic	ense state of issue:
Position Applied For:		ı can start:
How did you hear about this job opening?		
Desired starting wage:		
Have you ever interviewed with Leede Research	ı before? □ Yes □	□No
If yes, list date(s) and title(s):		
Have you ever been employed by Leede Resear	ch? □ Yes □	] No
If yes, list date(s) and title(s):		
Please list any certification(s) or degree(s) you	nay have that are appli	icable for this position:
Please list any applicable skill(s) that make you	a desirable candidate f	or this position:

## Availability

What your is general availability for working in this role?

Monday	Tuesday	Wednesday	Thursday	Friday

How many total hours can you work per week?			
General			
Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.)	□ Yes	□ No	
Have you ever been convicted of a felony? (This will not necessarily affect your application.)	□ Yes	□ No	
If yes, please explain below the number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.			
Would you be willing to take a drug test when and if requested?	☐ Yes	□ No	
Do you consent to a background check? The background check may contain information regarding your criminal history and/or motor vehicle records and may also contain other background information about you.	☐ Yes	□No	
Would you like a copy of your background check if one is obtained by Leede Research?	□ Yes	□ No	
Do you have a reliable means of transportation?	☐ Yes	□No	
Leede Research follows the CDC, state, and local guidelines in regard to the COVID-19 pandemic. Are you currently fully vaccinated against the COVID-19 virus?	□ Yes	□No	
Are you willing and able to wear a face mask while working in-person with other employees and guests?	□ Yes	□ No	

Are you currently employed right now?  Company Name:		☐ Yes ☐ No	
		Phone Number:	
Address:	City:	State:	Zip:
Date Started:	Starting Wage:	Starting Position:	
Date Ended:	Ended Wage:	Ending Position:	
s this a temporary, part-time, or full-time position?		e, or full-time position? $\Box$ Temporary $\Box$ Part-time $\Box$ Full-time	
Name of Supervisor:	lame of Supervisor:		es 🗆 No
Your job responsibilities:			
Reason for leaving:			
References	l or professional references, r		
References Please list three persona			
References Please list three persona			
References Please list three persona For more than one year.	l or professional references, r	not related to you, who hav	ve known you

## Signature

## **Please Read Before Signing:**

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I authorize my previous employers or persons listed as references to give any information regarding employment. I agree that this company and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with this company, I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

In compliance with the Fair Credit Reporting Act and additional state laws, I hereby authorize the obtaining of "consumer reports" about me by Leede Research at any time during the hiring process and throughout my employment, if applicable. I understand I have a right, upon written request, to receive a complete and accurate disclosure of the nature and scope of any consumer report by contacting the consumer reporting agency and the consumer reporting agency must make this disclosure within five days of receipt of my request or Leede's request for the report, whichever is later. I agree that a facsimile ("fax"), electronic or photographic copy of this authorization shall be as valid as the original.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to the company that verifies my right to work in the United States on the first day of employment.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I hereby acknowledge that I have read and understand the above statements.

Applicant Signature:	Date:
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